



320-I TELEHEALTH AND TELEMEDICINE

EFFECTIVE DATE: 01/01/2001, 07/01/16¹

REVISION DATES: 07/01/16, 10/01/15, 04/01/12, 12/01/06, 10/01/06, 05/01/06, 07/01/04, 10/01/01, 07/01/04, 05/01/06, 10/01/06, 12/01/06, 04/01/12, 10/01/15, 10/20/16²

~~INITIAL~~

~~EFFECTIVE DATE: 01/01/2001~~

DESCRIPTION

AHCCCS covers medically necessary consultative and/or treatment telemedicine services for all eligible members within the limitations described in this ~~P~~policy when provided by an appropriate AHCCCS registered provider.

DEFINITIONS³

ASYNCHRONOUS OR "STORE AND FORWARD"

~~is-~~The transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine but may be utilized to deliver services.

CONSULTING PROVIDER

Any AHCCCS registered provider who is not located at the originating site who provides an expert opinion to assist in the diagnosis or treatment of a member.

DISTANT OR HUB SITE

The site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.

ORIGINATING OR SPOKE SITE

The location of the Medicaid member at the time the service being furnished via a telecommunications system occurs. Telepresenters may be needed to facilitate the delivery of this service.

¹ Effective date of changes

² Date Policy was presented at Tribal Consultation

³ Same definitions just changing format.



**TELECOMMUNICATIONS
TECHNOLOGY**

The transfer of medical data from one site to another through the use of a camera, electronic data collection system such as an Electrocardiogram (ECG), or other similar device, that records (stores) an image which is then sent (forwarded) via telecommunication to another site for consultation which includes store and forward. Services delivered using telecommunications technology, but **not** requiring the member to be present during their implementation, are **not** considered telemedicine. For information about coverage of these services, see Section B of the policy.

TELEDENTISTRY

The acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a distant dentist for triage, dental treatment planning, and referral.

- a. Teledentistry includes the provision of preventive and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist.
- b. Teledentistry does not replace the dental examination by the dentist; limited, periodic, and comprehensive examinations cannot be billed through the use of Teledentistry alone.

**TELEHEALTH (OR
TELEMONITORING)**

The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.

- a. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote member monitoring devices, which are used to collect and transmit member data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service or physician services (under section 1905(a) of the Social Security Act).



TELEMEDICINE

The practice of health care delivery, diagnosis, consultation, and treatment, and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the member, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. Refer to A.R.S. §36-3601.⁴

TELEPRESENTER

A designated individual who is familiar with the member's case and has been asked to present the member's case at the time of telehealth service delivery if the member's originating site provider is not present. The telepresenter must be familiar, but not necessarily medically expert, with the member's medical condition in order to present the case accurately.

A. USE OF TELEMEDICINE

The Contractors shall develop and maintain a network of providers that utilizes telemedicine to support an adequate provider network.⁵

Telemedicine shall not replace provider choice and/or member preference for physical delivery. For the services listed below, AHCCCS covers covered medically necessary services that can be provided via telemedicine are listed below.⁶ Services must be real-time visits otherwise reimbursed by AHCCCS.

The following medical services are covered:

1. Cardiology
2. Dermatology
3. Endocrinology
4. Hematology/oncology
5. Infectious diseases
6. Neurology
7. Obstetrics/gynecology

⁴ Definition aligned to mirror Contract.

⁵ Direction for Contractors

⁶ Clarification



8. Oncology/radiation
9. Ophthalmology
10. Orthopedics
11. Pain clinic
12. Pathology
13. Pediatrics and pediatric subspecialties
14. Radiology
15. Rheumatology
16. Surgery follow-up and consultations

17. Behavioral Health

~~18. Diagnostic consultation and evaluation for:⁷~~

- ~~a. a. Psychotropic medication adjustment and monitoring~~
- ~~a. b. Individual and family counseling~~
- ~~c. Case management~~
- ~~Case consultation~~
- ~~Real time consultation⁸~~

~~TELEMEDICINE FOR TRIBAL/REGIONAL BEHAVIORAL HEALTH AUTHORITIES (TRBHA) BEHAVIORAL HEALTH SERVICES~~

~~The T/RBHAs and subcontracted providers shall use teleconferencing to extend the availability of clinical, educational and administrative services. All clinical services provided through the interactive video teleconferencing will conform to established policies for confidentiality and maintenance of records.~~

~~Contractors will ensure that all prescribing of controlled substances through telemedicine will conform to all federal and state regulations.~~

⁷ Removed – covered under behavioral health bullet

⁸ Post APC 9-1 requested to remove this as it's covered under behavioral health



Interactive video functions are approved for the following purposes:

- Direct clinical services;
- Case consultations;
- Collateral services;
- Training and education;
- Administrative activities of participating agencies;
- Management activities including Quality Management, Grievance and Appeal, Finance, Advocacy, Utilization and Risk Management, Clinical Consultation, and MIS; and
- Other uses as approved by the T/RBHA.

INFORMED CONSENT

Before a health care provider delivers health care via Telemedicine, verbal or written informed consent from the behavioral health recipient or their health care decision maker must be obtained.

Informed consent may be provided by the behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience. When providing informed consent it must be communicated in a manner that the person and/or legal guardian can understand and comprehend. See **Policy 320-Q, General and Informed Consent** for a list of specific elements that must be provided.

Exceptions to this consent requirement include:

- If the telemedicine interaction does not take place in the physical presence of the patient/member;
- In an emergency situation in which the patient/member or the patient/member's health care decision maker is unable to give informed consent; or
- To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. The responsibility of ensuring the informed consent is completed lies with the provider delivering the service. Items to be included in the consent are:



1. Identifying information.
2. A statement of understanding that participation in telemedicine is voluntary.
3. A statement of understanding that a recording of information and images from the interactive video service will be made, and likely viewed by other persons for a specific clinical or educational purpose.
4. A description of the usespurpose(s) for the recording.
5. A statement of the person's right to rescind the use of the recording at any time.
6. A date upon which permission to use the recording will be void unless otherwise renewed by signature of the person receiving the recorded service,
and
7. A statement of understanding that the person has the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of the information for a reasonable fee.
8. For persons receiving services related to alcohol and other drugs or HIV status, written, time limited informed consent must be obtained that specifies that no material, including video tape, may be re-disclosed.AA statement of understanding that providers will have access to any relevant medical information about the person, including psychiatric and/or psychological information, alcohol and/or drug use, and mental health records. However, if the person is receiving services related to alcohol and other drugs or HIV status, no material, including video recordings, may be re-disclosed unless further disclosure is expressly permitted by the person under 42 CFR Part 2 or A.R.S. 36-664, and
9. A statement of understanding that the Informed Consent document will become a part of the person's medical record.

If a telemedicine session is recorded, the recording must be maintained as a component on the member's medical record, in accordance with 45 C.F.R. Part 164.524 and AMPM Policy 940, *Medical Records and Communication of Clinical Information*. The Contractors and T/RBHAs will establish a process that allows members to attain telemedicine information in their medical records.⁹

Licensure

⁹ Clarification and reorganization of section



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POLICY 320
SERVICES WITH SPECIAL CIRCUMSTANCES

~~Before a health care provider delivers behavioral health care services through telemedicine, the treating healthcare provider must be licensed in the state in which the patient resides (see A.R.S. § 36-3601-3603).~~

CONFIDENTIALITY

~~At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from “off camera.” To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:~~

- ~~1. The videoconferencing room door must remain closed at all times.~~
- ~~2. If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress, and~~
- ~~3. Implement any additional safeguards to ensure confidentiality in accordance with AMPM Policy 550, **Member Records and Confidentiality**. See this policy for more information on disclosure of behavioral health information and telemedicine.¹⁰~~

Documentation

~~Medical records of telemedicine interventions must be maintained according to medical record requirements specified in Chapter 900. Electronically recorded information of direct, consultative or collateral clinical interviews will be maintained as part of the person’s clinical record. All policies and procedures applied to storage and security of clinical information apply. All required signatures must be documented in the medical record, and must be made available during auditing activities performed.~~

~~The T/RBHA shall establish policies and procedures for scheduling and prioritization of use of interactive video conferencing.~~

~~Reimbursement for telemedicine services should follow customary charges for the delivery of the appropriate procedure code(s).¹¹~~

B. USE OF TELECOMMUNICATIONS

Services delivered using telecommunications are generally not covered by AHCCCS as a telemedicine service. The exceptions to this are described below:

¹⁰ Outlining stipulations including but not limited to relating to Confidentiality.

¹¹ Moved to later in Policy for better flow.



1. A provider in the role of telepresenter may be providing a separately billable service under their scope of practice such as performing an ECG or an x-ray. In this case, that separately billable service would be covered, but the specific act of telepresenting would not be covered.
2. A consulting provider at the distant site may offer a service that does not require real time interaction with the member. Reimbursement for this type of consultation is limited to dermatology, radiology, ophthalmology, and pathology and is subject to review by AHCCCS Medical Management.
3. In the special circumstance of the onset of acute stroke symptoms within three hours of presentation, AHCCCS recognizes the critical need for a neurology consultation in rural areas to aid in the determination of suitability for thrombolytic administration. Therefore, when a member presents within three hours of onset of stroke symptoms, AHCCCS will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the ~~patient~~^{members}¹² condition is such that real-time video interaction cannot be achieved due to an effort to expedite care.
4. The following are additional exceptions, as noted in the AHCCCS Covered Behavioral Services Guide:
 - a. Home Care Training Family Services (Family support)
 - b. Self-Help/Peer Services (Peer Support)
 - c. Skills Training and Development,
 - d. Psychosocial Rehabilitation Services (Living Skills Training)
 - e. Case Management¹³

C. USE OF TELEDENTISTRY SERVICES

AHCCCS covers ~~T~~eledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by an AHCCCS registered dental provider. Refer to ~~Chapter 400, Policy 431~~^{AMP}Policy 431 of this Manual¹⁴ for more information on Oral Health Care for EPSDT aged members including covered dental services.

Conditions, Limitations and Exclusions

1. Both the referring and consulting providers must be registered with AHCCCS.

¹² Changing from patient to member throughout Policy

¹³ POST APC CHANGE: Adding the additional exceptions.

¹⁴ Aligning reference to an additional Policy for consistency throughout the Manual.



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2. A consulting service delivered via ~~telemedicine~~ teledentistry¹⁵ by other than an Arizona licensed provider must be provided to a specific member by an AHCCCS registered provider licensed to practice in the state or jurisdiction from which the consultation is provided or, if employed by an Indian Health Services (IHS), Tribal or Urban Indian health program, be appropriately licensed based on IHS and 638 Tribal facility requirements.
3. At the time of service delivery via real time ~~telemedicine~~ teledentistry, the member's ~~health care provider~~ dental provider may designate a trained telepresenter to present the case to the consulting ~~provider~~ dentist if the member's primary ~~care provider~~ dentist ~~or attending physician~~, or other ~~medical~~ dental professional who is familiar with the member's ~~medical~~ dental condition, is not present. The telepresenter must be familiar with the member's ~~medical~~ dental condition in order to present the case accurately. ~~Medical-Dental~~ questions may be submitted to the referring ~~provider~~ dentist when necessary but no payment is made for such questions.¹⁶

~~Nonemergency transportation to and from the telemedicine originating site to receive a medically necessary consultation or treatment service is covered.~~¹⁷

~~D. ADDITIONAL INFORMATION~~

~~Refer to Policy 310 of this Chapter and to the Behavioral Health Covered Services Guide for complete information regarding covered behavioral health services for Title XIX and Title XXI members.~~

~~AHCCCS Division of Fee for Service Management does not require Prior Authorization (PA) for medically necessary telemedicine services performed by Fee For Service (FFS) providers. Refer to Chapter 800 for complete information regarding PA requirements. Refer to the AHCCCS FFS Provider Billing Manual, the IHS/Tribal Provider Billing Manual and the AHCCCS Telehealth Training Manual for complete information regarding billing procedures. These manuals are available on the AHCCCS Web site at www.azahcccs.gov.~~

~~TELEMEDICINE FOR TRIBAL/REGIONAL BEHAVIORAL HEALTH AUTHORITIES (TRBHA) BEHAVIORAL HEALTH SERVICES~~

~~The T/RBHAs and subcontracted providers shall use teleconferencing to extend the availability of clinical, educational and administrative services. All clinical services provided through the interactive video teleconferencing will conform to established policies for confidentiality and maintenance of records.~~

¹⁵ POST APC CHANGE: Change Telemedicine to teledentistry

¹⁶ POST APC CHANGE: Within the teledentistry area changing all reference from medical to dental.

¹⁷ Removed – covered elsewhere in manual regarding coverage of NEMT



~~Contractors T/RBHAs will ensure that all prescribing of controlled substances through telemedicine will conform to all federal and state regulations.~~

~~Interactive video functions are approved for the following purposes:~~

~~1. Direct clinical services~~

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~~— Case consultations;~~

~~— Collateral services;~~

~~— Training and education;~~

~~— Administrative activities of participating agencies;~~

~~— Management activities including Quality Management, Grievance and Appeal, Finance, Advocacy, Utilization and Risk Management, Clinical Consultation, and MIS; and~~

~~— Other uses as approved by the T/RBHA.~~

~~Informed Consent~~

~~— Before a health care provider delivers health care via Telemedicine, verbal or written informed consent from the behavioral health recipient or their health care decision maker must be obtained.~~

~~— Informed consent can may be provided by the behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience. When providing informed consent it must be communicated in a manner that the person and/or legal guardian can understand and comprehend. See Policy 107, General and Informed Consent for a list of specific elements that must be provided.~~

~~— Exceptions to this consent requirement include:~~

~~— If the telemedicine interaction does not take place in the physical presence of the patient/member;~~

~~— In an emergency situation in which the patient/member or the patient/member's health care decision maker is unable to give informed consent; or~~

~~— To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.~~

~~— If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. Items to be included in the consent are:~~



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- Identifying information;
- A statement of understanding that a recording of information and images from the interactive video service will be made;
- A description of the uses for the recording;
- A statement of the person's right to rescind the use of the recording;
- A date upon which permission to use the recording will be void unless otherwise renewed by signature of the person receiving the recorded service; and
- For persons receiving services related to alcohol and other drugs or HIV status, written, time limited informed consent must be obtained that specifies that no material, including video tape, may be re-disclosed.
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- If a telemedicine session is recorded, the recording must be maintained as a component on the member's medical record, in accordance with 45 C.F.R. Part 164.524 and ADHS/DBHS Policy 802, Medical Record Standards. The T/RBHAs will establish a process that allows members to attain telemedicine information in their medical records.
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- Licensure
- Before a health care provider delivers behavioral health care services through telemedicine, the treating healthcare provider must be licensed in the state in which the patient/member resides (see A.R.S. § 36-3601-3603).
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- Confidentiality
- At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from "off camera."
- To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:
- The videoconferencing room door must remain closed at all times;
- If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress; and
- Implement any additional safeguards to ensure confidentiality in accordance with ADHS/DBHS Policy 1401, Confidentiality. See this policy for more information on aDisclosure of bBehavioral hHealth information and telemedicine.
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- Documentation
- Medical records of telemedicine interventions must be maintained according to usual practicemedical record requirements specified in the AMPM, Chapter 900.
- Electronically recorded information of direct, consultative or collateral clinical interviews will be maintained as part of the person's clinical record. All policies and procedures applied to storage and security of clinical information will apply.
- All required signatures must be documented in the medical record, and must be made available during auditing activities performed. by ADHS/DBHS.
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- ~~— The T/RBHA shall establish policies and procedures for scheduling and prioritization of use of interactive video conferencing.~~
- ~~— Reimbursement for telemedicine services should follow customary charges for the delivery of the appropriate procedure code(s).¹⁸~~

D. TELEMONITORING

Telemonitoring services are considered medically necessary for members with Congestive Heart Failure (CHF) when the following conditions are met:

1. Observation/inpatient Utilization
 - a. Observation/inpatient admission with primary or secondary discharge diagnosis of CHF within the past two months.
- OR**
 - b. Readmission to observation/inpatient with primary or secondary discharge diagnosis of CHF within the past six months.

AND

2. Symptom Level
New York Heart Association (NYHA) class II or greater
3. CHF is identified by one of the following ICD-10 diagnostic codes:
 - Congestive Heart Failure (I50.20 to I50.9); or
 - Cardiomyopathy (I42.0 to I43); or
 - Fluid overload (E8770; E8779; E877)

LIMITATIONS

Telemonitoring for CHF is not covered under the following conditions:

1. Member does not wish to participate
2. Inability to participate in biometrics
3. Member has elected hospice care.
4. Members with planned readmission for definitive treatment of CHF (e.g., Invasive therapies for heart failure include electrophysiologic intervention such as Cardiac Resynchronization Therapy (CRT), pacemakers, and implantable cardioverter-defibrillators; revascularization procedures such as Coronary Artery Bypass Grafting (CABG) and Percutaneous Coronary Intervention (PCI); valve replacement or repair; and ventricular restoration, etc.)

¹⁸ Section moved up



5. Members whose hospitalization in the past six months has principally been for:
 - a. Device implant malfunction (e.g. pacemaker, VAD, etc.).
 - b. Presence of severe aortic stenosis and no surgical option.
 - c. Severe pulmonary disease.
 - d. Chronic hemodialysis.
 - e. End-stage liver disease.
6. Member has daily visiting nurse for other than CHF indication.

E. ADDITIONAL INFORMATION

Refer to **AMPM** Policy 310 of this Chapter and to the **AHCCCS Covered Behavioral Health Services Guide** for complete information regarding covered behavioral health services for Title XIX and Title XXI members.

AHCCCS Division of Fee-for-Service Management does not require Prior Authorization (PA) for medically necessary telemedicine services performed by Fee-For-Service (FFS) providers. –Refer to **AMPM** Chapter 800 of this Manual for complete information regarding PA requirements. Refer to the AHCCCS FFS Provider Billing Manual, the IHS/Tribal Provider Billing Manual and the AHCCCS Telehealth Training Manual for complete information regarding billing procedures. These manuals are available on the AHCCCS Web-site at www.azahcccs.gov.